

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 29, 2003 8:00 am
Secretary of State

04-29-2003 90023 038 *****50.00

DOCUMENT # M980000001518

1. Entity Name

CBM ONE LLC



DO NOT WRITE IN THIS SPACE

20035262

2. Principal Place of Business

6903 Rockledge Drive

Suite, Apt. #, etc.

1500

City & State

Bethesda, Maryland

Zip

20782-3562

Country

USA

3. Mailing Address

6903 Rockledge Drive

Suite, Apt. #, etc.

1500

City & State

Bethesda, Maryland

Zip

20782-3562

Country

USA

4. FEI Number

52-2171368

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

The Prentice-Hall Corporation System, Inc.

Street Address (P.O. Box Number is Not Acceptable)

1201 Hays Street

City

Tallahassee

FL

Zip Code

32301-2525

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State

DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Manager
Walter, W. Edward
6903 Rockledge Drive, 15th Floor
Bethesda, MD 20817-1818

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Manager
Carnella, John A.
6903 Rockledge Drive, 15th Floor
Bethesda, MD 20817-1818

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/16/03

Date

(240) 744-1000

Daytime Phone #

CR2E083B (12/02)